| HATTONAL Aspessinent Centh   | 'e S'el'1/1083. 1m                     | 11 1 /2/C00) X   | MANY WILL OF TO  | /  |  |
|--|--|--|--|--|--|
| Duk III: 0(10x/2018 11:29  | Indidescription                        |  | Date & Time Completed  | Done by  | rave<br>Pos                              |
| Rel No: NBA/INC/800/989N.  | SAS e-Milng                            | p ¥ a  | 1  |  |  |
| Veh No: STE98913   | E-mall (white she                      | (I. Alcabit)   |  | 11   | 0  |
| D.O.A : 3101 2018 11:50  | f-Motor Claim                          |  | M710920451   | 01/02/20   | (b)                                      |
| OD / TP / Reporting Only)  | I-Mister YY/O (                        |  | of there's   | 12,06  |  |
|  | I-Photo Upload                         |  | <u> </u>   | -  |  |
| TP Insurch   | Assessment/Surv                        |  |  |  |  |
|  | Assil Report by ]                      | Fax/ Hand (o   | Qivner/Wksp  |  |  |
| teletted Mreb I MC Steld U Mrsb 1 OM: (  | 21050-                                 |  | Tol:   | fwi  |  |
| P Panticulari Yell Moi SU  | -41237                                 | , INC (  | )/ HOU-INC( )  | 1  |  |
| Owner / Driver: ( Policy No: ( ) Pe  | rlod: (                                |  | Tell   |  |  |
| Confirmed by r '(  |  | Dalti  | Cover Type: (  |  |  |
|  |  |  | %; P: 21-79%, P: 3   | 0-100%)  |  |
| Year of Registration: ( )  | Warranty: YES (                        | )/ 40 (  | 771 1 21-77 701 1 3  | 0.11(0.11)   |  |
| Excess (S ) Looding : Si   |  | 77 119 1   |  |  |  |
| ener Bremises (4.1)  | ************************************** | TO THE REAL PROPERTY.  | ADMINISTRATIVES GLAMICES   | State No. 1  | 7  |
| ) Wolk-in Commun   Customers in  | ormation atrictly Conf                 | ndeniel & SM   |  |  |  |
|  |  |  |  |  |  |
| Total Loss Case 1 to e-mail Insur  | er URGENTLY.                           | (c) (T)  |  |  |  |
| emoritis (MC   |  | )   Te   | Wing Cot (   | d Vinden Done by   | )  |
| Drive-In( )/Towed-In( )   Invoice  emorits and UNR (Boil) ne   6788   66161   ) Apply for Transport Allowance ( )/ ) QC Check/Povi Republicapection ) Uplood Resurvey Photo [Repair Cost > 5   | Courtesy Car ( )                       | )   Te   |  | Done by  | <u>)</u>                                 |
| Drive-In ( )/ Towed-In ( )   Invole  emorius - High Rabottine - 678 8 (6016) ) Apply for Transport Allowance ( )/ ) QC Check / Pour Repair Inspection ) Upload Resurvey Photo [Repair Cost > 5   | Courtesy Car ( )                       | 0 ( ) 1 To   |  |  | )  |
| Drive-In( )/Towed-In( )   Invoidemental    emorius - Include   Included    ) Apply for Transport Allowance ( )/  ) QC Check/Povi Repair Inspection  ) Upload Resurvey Photo [Repair Cost > \$  Injury /  | Courtesy Car ( )                       | O( )   To  |  |  | y  |
| emorius - McCling Choiling STE Sig G151  Apply for Transport Allowance ( )/  QC Check / Povi Repair Inspection  ) Uplood Resurvey Photo [Repair Cost > 5]  | Courtesy Car ( )                       | )   Te   |  |  | )  |
| emosils with HING boiling STS 8 1001011  Apply for Transport Allowance ( )/  QC Check/Povi Repair Inspection  Uplood Resurvey Photo [Repair Cost > 5   | Courtesy Car ( )                       | O( )1TG  |  |  | )  |
| emosils with HING boiling STS 8 1001011  Apply for Transport Allowance ( )/  QC Check/Povi Repair Inspection  Uplood Resurvey Photo [Repair Cost > 5   | Courtesy Car ( )                       | ○ ( )   To   |  |  | )  |
| emoritis ( ) / Toward-In ( )   Invole emoritis ( ) / Toward-In ( )   Invole ) Apply for Transport Allowance ( ) / ) QC Check / Povi Repty Inspection ) Upload Resurvey Photo [Repair Cost > \$ ///////////////////////////////////   | Courtesy Car ( )                       |  |  |  |  |
| emorius ( )/Towed-In ( )   Invoidemorius ( )/ Shorijin'e vor 88 00 100 100 100 100 100 100 100 100 1   | Courtesy Car ( )                       |  |  |  |  |
| Apply for Transport Allowance ( )/ ) QC Check/Povi Repty Inspection ) Upload Resurvey Photo [Repair Cost > 9  //////////////////////////////////   | © YES ( ) / NO                         | Invoice Fre  | DAVE TUDE OCH BOS  | The state of the s |  |
| Apply for Transport Allowance ( )/ ) QC Check / Povi Repto Inspection ) Upload Resurvey Photo [Repair Cost > \$  INJURY !  | Courtesy Cay ( )                       | Involce his  | DANKETINE COMBINE  ATTEMPT OF BOOK  ATTEMPT (179)  ATTEMPT (179)   | C (20)   |  |
| Apply for Transport Allowance ( )/ QC Check/Povi Republic Inspection Upload Resurvey Photo [Repair Cost > \$  Injury /   | Courtesy Cay ( )                       | Involce pro  | DAVERTUSE (COMBINE)  ASSERTING (STO)  ASSERTING (STO)  Novice Survey (Secures)   | C (250)<br>5 (0/31)<br>1110<br>110   |  |
| Apply for Transport Allowance ( )/ QC Check / Povi Repty Inspection ) Upload Resurvey Photo [Repair Cost > S  Injury /  Injury | Courtesy Cay ( )                       | Involve his  ARIAccident  DAIDemis  OFFIFellow-T  J) FT Fellow-T  J) FT Fellow-T  J) FT Fellow-T  J) FT Fellow-T   | DAVERTURE GOMBING  DAVERTURE GOMBING  DATES OF THE COMBINE  ALTERNATION (J. 190)  ALTERN | C (250) \$100 \$100 \$100 \$100 \$100 \$110  |  |
| Apply for Transport Allowance ( )/ QC Check / Povi Repty Inspection ) Upload Resurvey Photo [Repair Cost > S  INJURY /  INSTANCE PARCETAL  Limitative Parcetal  Liver/Owners  Inter No:  | Courtesy Cay ( )                       | Involve Pre  Involve Pre  I) ARIAccident  I) DA Damaje  I) FT Fallow T  I) FT Reliamore  Encelamne a  I) TR Arriage  I) H1 (440 DA   | DAVERTUNE (OCCUPSION OF THE STATE OF THE STA | (FX) (FX) (FX) (FX) (FX) (FX) (FX) (FX)  |  |
| AMA/800 707  Windows In ( ) / Towest-In ( ) / Invole  Emorits and Min Gibot in e. 678 8 in 619 in  Apply for Transport Allowance ( ) /  QC Check / Povi Republic papersion  Upload Resurvey Photo [Repair Cost > 5  Indury /   | Courtesy Cay ( )                       | (Involce Pre<br>I) AR (Accident<br>2) DA (Demain<br>3) FT (Fellow)<br>3) FT (Fellow)<br>4) FT (Fellow)<br>Facilimhts<br>6) TR (Accident<br>7) MI (Cay DA<br>4) NTUC Addition   | DANSETTINE GOMBISS  ITIS CONCERTS KILL  Reporting (330)  Attenues (3100)  Interin Survey (Resorrey)  Felial INC Dally (Well 10 Jun  10 MRT Survey  entl Serviceste   | C (250)<br>5 (0/31)<br>1110<br>1100<br>2000<br>3111<br>3160  |  |
| AMARGO 707  Windry See out his seed on the section of the section  | Courtesy Cay ( )                       | Involve Rre  Involve Rre  I) ARIAcolder  I) ARIAcolder  I) TITING TITING  I) TITING TITING  I) TRIRETO  I) NII (Say DA  I) NIUC Addit  Oli'  NII Cayrles   | Repording (330)  Altermine (300)  Interior Survey (Reservey)  Folial BIO Dally (Well 10 June 1 | ( )  |  |
| Drive-In()/Toived-In()/Invoice  emorius-In()/Toived-In()/Invoice  emorius-In()/Resource ()/  Apply for Transport Allowance ()/  QC Check/Povi Repair Inspection  ) Uplood Resurvey Photo [Repair Cost > 9  Informatic Actions Teachers  iver/Owner  inter No:  maged Portion: ************************************   | Courtesy Cay ( )                       | Involve his  Involve his  I) ARIAcident  I) DAI Damin  I) FTI Fallowit  I) FTI Fallowit  Ferelumber  I) NTUC Additi  OIT  INI Courte  INI Courte  INI Repelie  | DANSETTINE COMBINE  DANSETTINE COMBINE  DATES OF COMBINE  RESPITATE (330)  ALLE MICHAEL (5100)  IN  IN  INOUGH SURVEY  PLEIT INC DELVE (WELLO JAN  1004 A  FEMRT SURVEY  ORLI STREETINE  CO-GISTANDON  UNIT DESPECTION   | C (250) 5 v0/3+3 110 110 110 110 110 110 110 110 110 11  | () () () () () () () () () () () () () ( |
| Drive-In ( ) / Towed-In ( )   Invole  emorius - Lein & Boiline & 678 8 in G193  Apply for Transport Allowance ( ) /  QC Check / Povi Repair Inspection  ) Uplood Resurvey Photo   Repair Cost > \$  ///////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  /////  ///  ////  ////  ////  ////  ////  //  ///  //  ///  //  ///  // | Courtesy Cay ( )                       | Involce Fre  I) ARIAcident  I) DA: Demais  I) Frifellow: T  I) Frifellow: T  I) Frifellow: T  I) Frifellow: T  I) Hillow: T  I) NTICAddit  O)!  'NI Courtes  'NI Replic  | DANSETTINE GOODS!  | C (250) 510 510 510 510 510 510 510 510 510 510  | (dd,b)                                   |
| Drive-In ( ) / Towed-In ( )   Invoide  | Courtesy Cay ( )                       | Involve Pre  Involve Pre  Involve Pre  I) ARIAcolden  I) DA Damage  I) Pri Fallow T  For elightour  I) No Courter  ING Repelic  ING Repelic  Involve Pre  Involve | DANSETTINE GOODS!  | C (250) \$100 \$110 \$110 \$110 \$110 \$110 \$110 \$1  |  |

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

|  | ACCIDENT STATEMENT                     |    |
|--|--|----|
| Date Of Report   | 01/02/2018 11:29                       |    |
| Date Of Accident   | 31/01/2018 11:50                       |    |
| Exact Location Of Accident   | IKEA (ALEXANDRA) CARPARK ENTRANCE      |    |
| Country/State of Loss  | SINGAPORE                              |    |
|  | ETAILS OF OWN VEHICLE                  | 中国 |
| Vehicle Registration Number  | SJE9391S                               |    |
| Insured/Policyholder   |  |    |
| Name Of Registered Owner   | LEE YEOW CHONG                         |    |
| NRIC No  | S7126811Z                              |    |
| Email Address  | YEOWCHONG@GMAIL.COM                    |    |
| Mobile Phone No  | (LOCAL) +65-97913363                   |    |
| Alternative Phone No   | OTHERS-96833804                        |    |
| Vehicle Particulars  |  |    |
| Manufacturer   | HONDA                                  |    |
| Model  | STREAM                                 |    |
| Exact Purpose for which vehicle was being used a<br>time of accident         | t PRIVATE USE                          |    |
| Are you claiming under your own insurance policy for repair to your vehicle? |  |    |
| If No, Please state action to be taken                                       | REPORTING ONLY                         |    |
| Vehicle Category   | PRIVATE CAR                            |    |
| Insurance Company  |  |    |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |    |
| Type Of Coverage   | COMPREHENSIVE                          |    |
| Fleet Policy   | NO                                     |    |
| Policy Number  | 5028660054-09                          |    |
| Cover Note Number  |  |    |
| Driver   |  |    |
| Name of Driver   | YONG TAN FONG(YANG DANFENG)            |    |
| NRIC No  | S7331543C                              |    |
| Date Of Birth  | 01/09/1973                             |    |
| Occupation   | INDOOR                                 |    |
| Date Of Driving Pass   | 08/05/1997                             |    |
| Driving Experience   | 20 YEARS AND 8 MONTHS                  |    |
| Gender   | FEMALE                                 |    |
| Mobile Number  | (LOCAL) +65-96833804                   |    |
| Fax Number   |  |    |
| Contact Number   |  |    |
| EMail Address  | YEOWCHONG@GMAIL.COM                    |    |

Address

BLK 121A RIVERVALE DRIVE

#10-438

Postcode

541121

SPOUSE

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

: CLEMENT CHUA

GENDER:

: MALE

Passenger 2

NAME:

: LIANG MUI CHENG

GENDER:

: FEMALE

Passenger 3

NAME:

: WONG YUK PENG

GENDER:

: FEMALE

Passenger 4

NAME:

: CHONG PEY ROU

GENDER:

FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLE4123J

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties Vehicle Category

PRIVATE CAR

Page 2 of 15

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RANGEETA D/O RAMASAMY

S8340740I 84446750

1

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 1/2/2018

1135 am

Driver & Signature

(If driver is not the policyholder)

Date & Time: 1. 2 - 2019

1135 am

NRIC/FIN No .:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 1 who trican         | a into IKEA | (Alexandra) | corpark entrance                    |
|----------------------|-------------|-------------|-------------------------------------|
| negotiating was turn | the left by | and, a ve   | hicle SLE4123J<br>posite direction. |
| my car               | bumper.     | THE TRUTT   | right corner of                     |
|                      |             |             |                                     |
|                      |             |             |                                     |
|                      |             |             |                                     |
|                      |             |             |                                     |

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 1/2/2018

Driver's Signature

(If driver is not the policyholder) Date & Time: 1 - 2 - 20 R

11-40 am

Reporting Centre Personnel's Sjenature ASFAB
Name:
NRIC/FIN No.:

| Claim Handling   |                                      |                |  |  |                                |          |
|--|--------------------------------------|----------------|--|--|--------------------------------|----------|
| VW-C 177   | Z8660054-09                          |                | Vehicle No.  | 51693915   | GST Registration No.           |          |
|  |                                      |                |  |  | Pulicyholder NRIC              |          |
|  | E YEOW CHONG<br>STVATE CAR INSURANCE |                | Cover Type   | drive CLASSIC  | Landing                        |          |
| Mintel Physiol Inservation 192   | 7911363                              |                | Contact No.(Office)  |  | Contact No.(Home)              |          |
| THE PROPERTY OF THE PARTY OF TH | 7911303                              |                | Special Remark   |  | #Code                          |          |
| Ermail Address   | 100                                  |                | TCA  | © No. Yes  | eCode Reacon                   |          |
| 250  | # 740 YES                            |                | NCD Entitlement(%)   | 50   | Private Hirs                   | No       |
| energy to the service of   | es                                   |                |  |  |                                |          |
| Accident Details   |                                      |                | Accident Report Within 24 firs   | Yes  | Accident Type                  | Side Si  |
| Report Date 0  | 11/02/2018 12:01                     |                | Time of Accident hin:mni   | 11:50  | Country of Assident            | Singap   |
| Date of Accident   | 1/01/2018                            |                |  |  | ICM No.                        |          |
| Reporting Centra   |                                      | POSTERVANIE    | Orange Force   |  |                                |          |
| Accident Location  | KEA (ALEXANDRA) CARPA                | ARIK ENTHANCE  |  |  |                                |          |
| □ Benefits   |                                      |                |  |  |                                |          |
|  |                                      |                | DOMESTIC CONTROL OF THE PROPERTY OF THE PROPER | 0.00   | Windscreen Excess              |          |
| Own damage Excess  | 5.9                                  | 00.00          | Additional Excess  | 00.803   |                                |          |
| Unnamed Driver Excess  |                                      | 0.00           | Outside Singapiire OD Excess   | 0.00   |                                |          |
| Third Party Excess   |                                      | 0,00           | Outside Singapore TP Excess  |  |                                |          |
| TO GST Registered Informat   |                                      |                |  | GST Registration Date  |                                |          |
| GST Registered   | 740                                  |                |  | GST Status Verified  | Yes                            |          |
| GST Registration No.   |                                      |                |  |  |                                |          |
| Modification History   |                                      |                |  |  |                                |          |
| Policyholder Malling Add   |                                      |                |  |  |                                |          |
|  | BLK 121A #10-438                     |                | Address 2  | RIVERVALE DRIVE  | Address 3                      |          |
| Address 1  | DER 1214 - 11                        |                | Address Type   | Singapore address  | Post Code                      |          |
| Address 4  |                                      |                | Related Policy Number  | 5028660054-09  |                                |          |
| Unit No.   |                                      |                |  |  |                                |          |
| OI Driver Info   | YONG TAN FONG                        |                | Driver Type  | Named Driver   |                                |          |
| Driver Name  | VONG TAX FORG                        |                | Driver NHIC  | 57331543C  | Driver DOB                     |          |
| Unnamed driver Name<br>Register Date of Driver License   | 1650850008                           |                | Driver Age   | 44   | Driving Expenence              |          |
|  | 96833804                             |                | Contact No.(Office)  |  | Contact No.(Home)              |          |
| Contact No. (Mobile)   | 910320114                            |                | Address I  |  | Address 3                      |          |
| Address I  |                                      |                | Address Type   | Foreign address  | Post Code                      |          |
| Address #  |                                      |                |  |  |                                |          |
| Unit No.  Does he own a Singapore Registered car?  | Yes 😅 No                             |                | Driver Vehicle No.   | 5)693915   | Driver Ensurer Company         |          |
| Deciaration  |                                      |                |  |  |                                |          |
| Breathalyser or Blood Test   | it mg                                |                | Any injury?  | Yes (9:50)   |                                |          |
| Reading?   | THOUGH                               |                |  |  |                                |          |
| Madification History   |                                      |                |  |  |                                |          |
| Claim 001 New  |                                      |                |  |  |                                |          |
| -5-1000-pm-9   | DD-MX                                | 143            | Insured Name   | LEE YEOW CHORG   | Impred ARIC                    |          |
| Claim Type *   | 97913363                             |                | Contact No.(Home)  |  | Contact No.(Office)            |          |
| Contact Nn (Mobile)  | VEDWCHONG@GMAIL                      | COM            | OT Vehicle Number  | 51693915   | TF Vanicle Number              |          |
| Email Address  |                                      |                | THE RESIDENCE OF THE PERSON OF | THE THE STATE OF T | Name of Preferred Worksh       | op       |
| Claim Description  | 53693915 / SLE41232                  | OH 31 MILESTA. | Insured Lieblity *   | Not at Fault   |                                |          |
| Preferred Workship Contact<br>No.  |                                      | - 10           |  | Preferred Workshop, Name unknown   | <ul> <li>GIA report</li> </ul> |          |
| Require Finalisation   | Yes                                  |                | Preferered Repair Option   | AMILIA CALIFACTOMO ABIONINGIA CALI   | Date Received                  |          |
| Date Registered  | 01/02/2018 12:05                     |                | Claim Close Date   |  |                                |          |
| Report Taken By  | ROSLI WAHAR                          |                |  |  |                                |          |
| Frint AK letter  |                                      |                |  |  |                                |          |
| Attachment   |                                      |                |  | Save   Submit  |                                |          |
|  |                                      |                |  |  |                                |          |
| 4  |                                      |                | Claim No.  | 100  |                                |          |
| Acodem No.   | мт/0980451                           |                | Upload Dete  | 01/02/2018 12 06   |                                |          |
| Last Doc. Received   | W Yes No                             |                | UMMORE   | Category *   | Confidential                   | (irgent) |
|  |                                      | Path *         | ( 70   | owie   Clear Piezse Select   | * 1100 * No                    | mail     |

## AGCIDENT'STATEMENT

| 1                    |   | CAlexandra)   | carpark                         | Entran C    | 01        |
|----------------------|---|---|---------------------------------|-------------|-----------|
| į.                   | DETAILS OF VEHIC  |   | 718                             | 1 1         |           |
| <u>#</u>             | b)INSURANCE CO  | OMPANY: NTU   | 0054-09                         | F           | PT 000131 |
|                      | elmake & MODE   | COMPREHENSIVE / TH  | fan !                           |             |           |
|                      | g) VEHICLE CATE   | OOUPE (MP)/VAIN<br>GORY: (PRIVADE / COI<br>SING AT ACCIDENT TII   | UMERCIAL/MOTO                   | ORCYCLE)    | 51/41     |
| (4)                  | I) ARE YOU CLAIM  | SING AT ACCIDENT IN<br>HING UNDER YOUR O'<br>TATE (THIRD PARTY CU | AN INSURANCE (Y                 | ESCHOV      |           |
| 2.                   | . INSURED / POLIC   | YHOLDER 2000. (   | hout                            | MALE / FEM/ | 生気っ       |
| W 50                 | b) NRIC/FIN/PASS<br>c) ADDRESS:   | PORT: <u>S7126811</u> IA RIVERVALE THE SS41121                    | DV #10-                         |             | 560       |
| Also of bestowns     | CONTINUE TO 3   | d IF DRIVER ALSO PO   | 2                               |             | 5         |
| Clarify driver       | DINRIC/FIN/PASS   | 16 TAN FON  | 43C CONT                        | MALE (FEM)  | 33804     |
| (b)<br>nent chua (M) | W. Santa  | K 121A RIVERVE<br>SC591121)<br>+: (01/09/197                      | agree was a result and a second |             |           |
| Mui Cheng (F)        |   | (INDOOR OUTDOO  | 88 MAY 199                      | 7           |           |
| PLY ROU (F)          | WAS DRIVER AN   | VEMPLOYEE OF THE  | INSURED'S CON<br>VER WITH INSUR | EDI WIFE    | 7(19)     |
| 5,                   | DIROAD SURFAC   | HOITION: (CLEAR / RA<br>E: (DRY / WET / OTHE<br>HJURED (YES / HO) | RS PRY                          |             |           |
| , . X                | OF YES, PLEASES   | POLICÉ (YES (NO))<br>STATE WHICH POLICE                           |                                 |             |           |
| 45 No of passenger   | C. W. L. L. C. L. | MBER! RANGEETA  | P P P N N II N I I N            | HONDA       | VEZEL     |
| (Induding driver     | THIRO P'ARTY VEH  | 455PORTI <u>58345</u><br>HICLE                                    | 140I CON                        | TACTI 844   | +6750     |
| ( lad of personal    | d) VEHICLE NU   | MBER:   | CON                             | TACTUL.     |           |
| (Including drive     | Y) H NRICENTE   | ASSECTION I   |                                 | 7 0         |           |
|                      | 2.0   |   | //4                             |             | u e       |

email = Yearchong & gmail.com.

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7331543C



YONG TAN FONG (YANG DANFENG)

杨丹凤

CHINESE

01-09-1973

SINGAPORE



3401148



87331543C

22-09-2003

APT BLK 121A RIVERVALE DRIVE #10-438 SINGAPORE 541121

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor Cars and Motor Trectors the weight of which unladen does not exceed 2500 kilograms

08 May 1997

Licence No; \$7731543C

NP 428A

| <b>eBao</b> Tech    |                        |                      |                      |         |               |                | Gene              | ralClaim         |             |
|---------------------|------------------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_BUKIT_ME | RAH_800676             |                      |                      |         | ,             | Change La      | nguage            | + Change Passwo  | erd Log Out |
| My Desktop          | Policy Query           |                      |                      |         |               |                |                   |                  |             |
| Natice of Lines     | Palicy Na              |                      |                      |         | Date of Acc   | ident          | 31/01             | /2018 11:27      |             |
|                     | Vehicle No.(For Mator) | 51693915             |                      |         |               |                |                   |                  |             |
|                     |                        |                      |                      |         | Search        |                |                   |                  |             |
|                     | Select Policy No.      | Policyholder<br>Name | Policyholder<br>NRIG | Product | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                     | 5028660054-09          | CHONG                | \$71268112           | GPC     | drive CLASSIC | 51693915       | \$3893915         | 13/05/2017       | 12/05/2018  |
|                     |                        |                      |                      | 1       | Continue      |                |                   |                  |             |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: 5665300209 / GST Reg. No.: M400017735

o gas reality,

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

|                                    | ADD                          | ENDUM                  |                      |
|------------------------------------|------------------------------|------------------------|----------------------|
| PARTICULARS OF PER                 | SONMAKINGTHEAMEND            | MENTS                  |                      |
| Original Report No :               | MMA418015761                 | Vehicle Registration N | STR93915             |
| Name(as shownin NRIC) :            | Youg TAN FONG                | NRIC/FIN/Passport No   | SOUTH AND HERE       |
| TVehicle Driver Veh                | icle Owner) (*) Please delet | e as appropriate       | . 3138(317)          |
| Address :                          |                              |                        | eracio con i         |
| Contact (Tel) :                    |                              | Mobile No.:_ 968:      | Singapore(           |
| Email Address :                    |                              | ARABINETI ZEZARIOVER   |                      |
| Date of Accident :_                |                              | Time of Accident :     | 11,50                |
| Place of Accident :_               | 31/01/2018                   | Marie                  |                      |
| Insurance Company:                 | IKER CHLAYBNDRA              | I CARPORK EMPON        | CA                   |
| DATE OF ACC                        | LIOPAN SHOULD B              | E 31/01/2018           |                      |
|                                    |                              |                        | 25 <sup>3</sup>      |
|                                    |                              |                        |                      |
|                                    |                              |                        |                      |
|                                    |                              |                        |                      |
| ( <del>)</del>                     |                              |                        |                      |
|                                    |                              |                        | 7                    |
|                                    |                              |                        |                      |
| Policyholder / Driver's :<br>Date: | Signature                    | Reporting Centre Pa    | ersonnel's Signature |

NRIC/FINNO. Date: